

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-000676

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 59 Primary Registration District No. \_\_\_\_\_ Registrar's No. 12

**FILED JAN 22 1963**

1. PLACE OF DEATH a. COUNTY <u>Cass</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR <u>Cold Water Twp</u>		Length of stay in Tb <u>20 yrs.</u>	c. CITY OR TOWN <u>Drexel,</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>1 Mile E. Drexel, Mo.</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>RFD 2</u>
3. NAME OF DECEASED (Type or print) First <u>PEARL</u> Middle <u>GERTRUDE</u> Last <u>CHRISTIAN</u>		4. DATE OF DEATH Month <u>Jan.</u> Day <u>13,</u> Year <u>1963</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>5/15/1899</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home-maker</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) <u>63</u>
11a. FATHER'S NAME <u>Edward McBride</u>		11b. MOTHER'S MAIDEN NAME <u>Nettie Wittaker</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
13. NAME OF HUSBAND OR WIFE <u>Harry S. Christian</u>		14. NAME OF HUSBAND OR WIFE <u>Harry S. Christian</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____	
17. INFORMANT <u>Harry Christian RFD Drexel, Missouri</u>		Address _____	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Presumed to be "Natural Causes"</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Was setting Chair when Husband Came Home from work apparent heart attack</u> DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I. (a) <u>Cass Co Coroner notified and moved investigation</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Found by Husband 12:45 P.M.</u>	
20c. TIME OF INJURY <u>Unknown</u>	Hour <u>and</u> Month, Day, Year <u>1-13-63</u>	20d. SETTING <u>at Home</u>	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20f. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.) <u>Home</u>	20g. CITY, TOWN, OR LOCATION <u>1 Mile East Drexel, Mo.</u>	20h. COUNTY <u>Cass</u>
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <u>Ray J. Lebra</u>	
22b. ADDRESS <u>Harrisonville Mo</u>		22c. DATE SIGNED <u>1-15-63</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>1/16/1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Mout Olivet Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>
24. FUNERAL DIRECTOR <u>Atkinson Dickey Harrisonville, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>1-15-63</u>	26. REGISTRAR'S SIGNATURE <u>Ray J. Lebra</u>	

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK  
OR  
TYPEWRITER RIBBON

JAN 25 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer \_\_\_\_\_

Signed Robert W. Arthurs

Licensed Embalmer No. 7902

P. O. Address Shawnee, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.